

**MESSAGE FROM [Name of Health Plan]**

## **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

[Name of Health Plan] is required by law to protect the privacy of the information we have about you. We collect information about you when you apply for benefits, and when doctors, clinics, dentists and others bill us for your care. We also get medical information on your treatment when we approve your care. We must give you this Notice of how the law allows us to use and share your health information and what your rights are.

### **HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU**

[Name of Health Plan] uses and shares information about you in operating [Name of Health Plan]. This information includes such things as your name, address, personal facts, medical history, and medical care given to you.

We use this information and share it with others for the following reasons:

- **For treatment:** You may need medical treatment that requires us to approve care in advance. We will share information with doctors, hospitals and others in order to get you the care you need.
- **For payment:** [Name of Health Plan] and its agents review, approve, and pay for health care claims sent to us for your medical care. When we do this, we share information with the doctors, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.
- **For health care operations:** [Name of Health Plan] may use information in your health record to judge the quality of health care you receive. We may also use this information in audits or fraud investigations, or for planning and general administration.

## **SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION**

The law also allows **[Name of Health Plan]** to use or give out information we have about you for the following purposes:

- To contact you about your benefits under **[Name of Health Plan]**
- For public health activities, such as reporting disease outbreaks
- For judicial and administrative proceedings, such as lawsuits
- For limited law enforcement purposes, such as to locate a missing person
- For research studies that meet all privacy law requirements, such as research related to preventing disease
- To avoid a serious and immediate threat to health or safety, such as a terrorist attack
- For national security activities
- To coroners, medical examiners, and funeral directors
- For organ donations
- For purposes required by law, such as reporting abuse or neglect, or workers' compensation
- To agencies that oversee the health care system, for audits or investigations
- In appeals of decisions about health care claims paid or denied by **[Name of Health Plan]**
- To the federal government when it is checking on how we are meeting privacy laws
- To other government agencies that provide public benefits
- To military authorities, if you are a member of the armed forces
- To create a collection of information which can no longer be traced back to you

We may give out health information about you to organizations, which help us in our operations, such as by paying claims. If we do, we will make sure that they protect the privacy of information we share with them.

Some state laws limit the sharing of information described above. For example, there are special laws, which protect information about HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We will obey these laws.

## **WHEN WRITTEN PERMISSION IS NEEDED**

Before **[Name of Health Plan]** will use your personal information for any reason not listed above, it will get written permission from you. If you do give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.

## **WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?**

- You have the right to ask us not to use or share your personal health care information in the ways described above. We may not be able to agree with your request.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.
- You and your personal representative have the right to see and get a copy of information which **[Name of Health Plan]** has about you. **[Name of Health Plan]** has eligibility information, information about claims submitted to us for payment, and some medical information, which we use to approve services for you or manage your health care. You may be charged a fee for the costs of copying and mailing records. We may keep you from seeing all or parts of your records for reasons allowed by law. If we do, we will give you information on how to file an appeal of our decision.
- If you believe that certain information in our records about you is wrong, you have the right to ask us to amend the records. We may deny your request if the information is not created or kept by **[Name of Health Plan]**, or is already accurate and complete. If your request is denied, you may send in a statement disagreeing with our decision which will be kept with your records.

### **IMPORTANT**

**\*\*\*\* **[Name of Health Plan]** DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR, CLINIC, OR MANAGED CARE PLAN. \*\*\*\***

- You have the right to request a list of the times when we have shared your health information after April 14, 2003. The list will tell you whom we shared information with, when, for what reasons, and what information was shared. The list will not include when we gave information to you, or with your permission, or shared it for treatment, payment, or health care operations.
- You have a right to get a paper copy of this Notice of Privacy Practices when you request it. You can also find this Notice on our website at: **[\[Health Plan's Website address\]](#)**

## **HOW DO YOU CONTACT US TO USE YOUR RIGHTS OR TO COMPLAIN?**

If you want to use any of the privacy rights explained in this Notice, or, if you believe that we have not protected your privacy and wish to complain, please call or write us at:

<p><b>Privacy Officer</b> CA Department of Health Services P.O. Box 942732 Sacramento, CA 94234-7320 (916) 255-5259 or (877) 735-2929 TTY/TDD\</p>
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## **COMPLAINTS**

You may file a complaint by calling or writing the **Privacy Officer**, CA Department of Health Services, at the address and telephone number above. You may also contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Room 615 F, Washington, D.C. 20201. Or you may call the U.S. Office of Civil Rights at 866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY

***[Name of Health Plan] cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.***

**If you have any questions about this Notice, and want further information, please contact the Privacy Officer, California Department of Health Services, at the address and phone number above.**

## **CHANGES TO NOTICE OF PRIVACY PRACTICES**

**[Name of Health Plan]** must obey the Notice in effect on April 14, 2003. We have the right to change our privacy practices. If we do make any changes, we will revise this Notice and get it to you right away.